

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **TARGETED ANGIOGENESIS** the specification of which \_\_\_\_\_ is attached hereto or X was filed on June 7, 1999 as Application No. 09/327,045 and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Randolph T. Apple, Reg. No. 36,429  
 Debra D. Condino, Reg. No. 31,007  
 C. Joseph Faraci, Reg. No. 32,350  
 Peter J. Gluck, Reg. No. 38,022  
 Janice Guthrie, Reg. No. 35,170

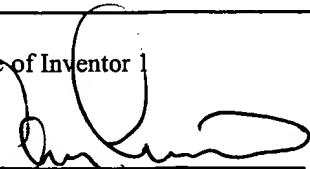
Michael C. Schiffer, Reg. No. 30,215  
 Andrew T. Serafini, Reg. No. 41,303  
 William M. Smith, Reg. No. 30,223  
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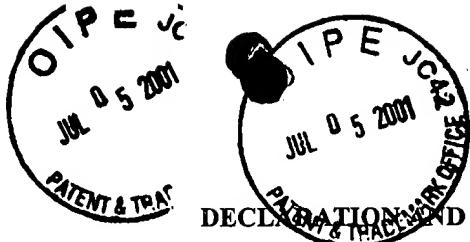
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 (Name, Reg. No., Telephone No.)  
 Name: **Andrew T. Serafini, Ph.D.**  
 Reg. No.: **41,303**  
 Telephone: **650-326-2400**

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Full Name of Inventor 2:	Last Name: <b>Mitterer</b>	First Name: <b>Artur</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Orth, Donau</b>	State/Foreign Country: <b>Austria</b>	Country of Citizenship: <b>Austria</b>	
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Full Name of Inventor 3:	Last Name: <b>Falkner</b>	First Name: <b>Falko-Guenter</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Orth, Donau</b>	State/Foreign Country: <b>Austria</b>	Country of Citizenship: <b>Germany</b>	
Post Office Address:	Post Office Address: <b>Neusiedlzeile 76A</b>	City: <b>Orth, Donau</b>	State/Country: <b>Austria</b>	Postal Code: <b>A-2304</b>
Full Name of Inventor 4:	Last Name: <b>Scheiflinger</b>	First Name: <b>Friedrich</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Vienna</b>	State/Foreign Country: <b>Austria</b>	Country of Citizenship: <b>Austria</b>	
Post Office Address:	Post Office Address: <b>Michelbeuerngasse 4/17</b>	City: <b>Vienna</b>	State/Country: <b>Austria</b>	Postal Code: <b>A-1090</b>
Full Name of Inventor 5:	Last Name: <b>Dorner</b>	First Name: <b>Friedrich</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>Vienna</b>	State/Foreign Country: <b>Austria</b>	Country of Citizenship: <b>Austria</b>	
Post Office Address:	Post Office Address: <b>Peterlinigasse 17</b>	City: <b>Vienna</b>	State/Country: <b>Austria</b>	Postal Code: <b>A-1238</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  <b>ARNOLD J. LEVINE</b>	Signature of Inventor 2 <hr/> <b>ARTUR MITTERER</b>	Signature of Inventor 3 <hr/> <b>FALKO-GUENTER FALKNER</b>
Date <b>October 8, 1999</b>	Date	Date
Signature of Inventor 4 <hr/> <b>FRIEDRICH SCHEIFLINGER</b>		Signature of Inventor 5 <hr/> <b>FRIEDRICH DORNER</b>
Date		Date



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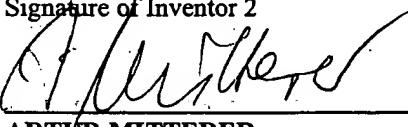
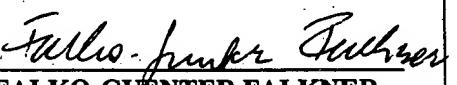
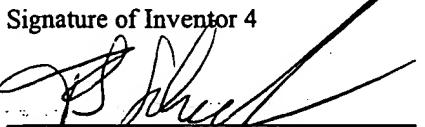
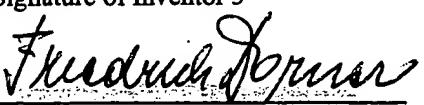
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_____ <b>ARNOLD J. LEVINE</b>	 <b>ARTUR MITTERER</b>	 <b>FALKO-GUENTER FALKNER</b>
Date	Date <b>October 8, 1999</b>	Date <b>October 8, 1999</b>
Signature of Inventor 4	Signature of Inventor 5	
 <b>FRIEDRICH SCHEIFLINGER</b>	 <b>FRIEDRICH DORNER</b>	
Date <b>October 8, 1999</b>	Date <b>October 8, 1999</b>	